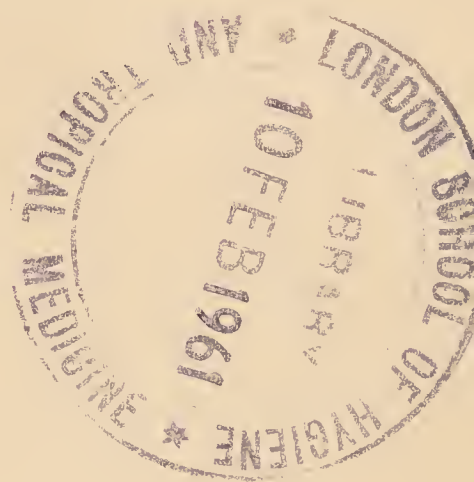


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30 DEC 1959

COUNTY BOROUGH OF WIGAN



Annual Report

of the

Principal

School Medical Officer

For the year 1958

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of the
Principal
School Medical Officer
For the year 1958

Medical Officer of Health and Principal School Medical Officer
J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H.



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COUNTY BOROUGH OF WIGAN

EDUCATION COMMITTEE

Chairman :

ALDERMAN E. MALONEY, J.P.

Vice-Chairman :

COUNCILLOR S. TAYLOR

HIS WORSHIP THE MAYOR (Councillor R. Fisher, J.P.)

The Ex-Mayor (Councillor O. Somers)

Alderman: H. Dowling, J. McCurdy, J. P. Mannion, J. E. Riley.

Councillors: H. H. Barker, W. Broxton, J. Collins, F. Connolly, P. Donnelly, J. T. Farrimond, H. R. Hancock, J. Hitchmough, B. Hunt, J. Johnson, J.P., A. J. Lowe, J.P., Mrs. E. Naylor, W. J. Price, B.Sc., S. Sherratt, J. Taberner, W. Taylor, S. Townley, A. H. Walker.

Other Members: Rev. W. H. Bullough, Rev. A. Finch, B.A., Ronald A. France, T.D., LL.B., Mrs. W. A. Melling, J.P., Mrs. J. N. Pasquill, J.P. M.A., Mr. J. E. Pugh, Mrs. H. Ritson, J.P., Dr. E. C. Smith, B.Sc., Miss A. Snelson, B.A., Rev. A. H. Tebbett, Rev. F. Turner, M.A., Rev. G. Walsh.

CHILDREN'S WELFARE SUB-COMMITTEE

Chairman :

COUNCILLOR J. HITCHMOUGH

Vice-Chairman :

COUNCILLOR J. TABERNER

HIS WORSHIP THE MAYOR (Councillor R. Fisher, J.P.)

Aldermen: E. Maloney, J. E. Riley.

Councillors: W. Broxton, J. Collins, J. T. Farrimond, Mrs. E. Naylor, O. Somers, S. Taylor, W. Taylor, S. Townley.

Other Members: Mr. J. E. Pugh, Mrs. H. Ritson, J.P., Rev. A. H. Tebbet, M.A., B.D.

SCHOOL MEDICAL STAFF

1958

Principal School Medical Officer :

J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H.

School Medical Officers :

JANE T. GILMOUR, M.B., Ch.B., D.P.H.

RODERICK McL. BAIN, M.B., Ch.B., D.P.H.

Orthopædic Surgeon :

*MARGUERITE F. JOHNSTONE, M.B., Ch.B.

Principal Dental Officer :

C. F. L. PURSLOW, L.D.S., R.C.S. Eng.

Dental Officers :

W. K. RIMMER, L.D.S. (Liv.), D.D.S. (Penn.)

Orthodontic Service :

*A. G. BATTEN, L.D.S., R.C.S. Eng.

Speech Therapy Service :

Miss J. A. W. KAY, L.C.S.T.

Chiropody Service :

*R. S. JOHNSON, M.Ch.S.

School Nurses :

E. GEE, J. M. KEENAN, B. NICHOLSON, M. PEET, E. E. SMITH.

Orthopædic Nurse :

*Mrs. H. JORDAN

Dental Attendants :

E. CHADWICK, F. HUNTINGTON

Clerks :

D. JONES, D. MASON (née Moyers), J. M. PROCTOR (Dental Clerk)

* Denotes Part-time Officer

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT FOR 1958

Health Office,
WIGAN.
April, 1959.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your consideration my report on the work accomplished by the School Health Service for the year ended December 1958.

The service has continued to function throughout the year without major alteration or addition. The alarming increase in the national figures of accidents in the home was highlighted by suitable publicity during the month of November. School children being a particularly susceptible group, it was decided to bring the matter forcibly to their attention by running a poster competition in the schools. This was a great success and I am sure it brought to light many budding poster artists.

I cannot stress sufficiently that the combination of a cotton or cotton-mixture nightdress and an unguarded fire is about as dangerous for a child as leaving a three-year-old to cross a busy road unaided. Pyjamas are not nearly so dangerous and of course both can now be made from flame-proof material, which is of good quality and produced in many pleasing nursery designs. In my opinion there is now no excuse for the tragic burning accidents which occur from time to time and which mar the whole of a child's future life, both physically and mentally.

It is pleasing to report once again that the general condition of the children remains at a very high level. In fact only one in every thousand children examined at routine inspections was found to be unsatisfactory. There has been no appreciable drop in the number of children attending minor ailment clinics but it is interesting to note that the average number of attendances per child is now only 3.6 as against 4.6 in 1953. This is in part due to the newer methods of treatment which are in use.

Friendly co-operation has been maintained with general practitioners and with the consultant staff of the Royal Albert Edward Infirmary with mutual advantage. There is an especially strong link at officer level with the Paediatric Department.

The infestation of heads is still a problem with 3.25% of children infested upon first inspection but even this compares very favourably with conditions only ten years ago. The discovery of infestation in a child leads

usually to the recognition of a family problem and the school nurses are willing to give advice to mothers which will clear the whole family at once. Only by such measures can we ensure freedom from the head louse.

There were no cases of the more exotic fevers during the year. The maintenance of a high-level of diphtheria immunisation has kept this dreadful disease at bay for ten years. Only two cases of whooping cough were notified amongst school children. Freedom from these diseases depends entirely on maintaining an adequate level of immunity from babyhood to school leaving age. I would ask for the continued co-operation of parents in this matter. There were no cases of poliomyelitis in school children. As more vaccine became available a great deal of work was done in protecting children from this scourge.

In the report details are given concerning the first year of operation of the scheme for the vaccination of school leavers against tuberculosis. The preliminary figures of acceptance indicate that this is going to be a popular measure and the need for it is demonstrated by the fact that over 20% of the children so far tested have shown evidence of contact with the tubercle bacillus at some time in their lives. Such are the hazards of urban life and improvement in this direction will take many years.

Mr. C. F. L. Purslow, Principal School Dental Officer, has commented at length on the problems and adjustments of the last twelve months and it is regrettable to report that with only one dental officer working we shall certainly be unable to maintain the very creditable position which has been slowly built up during past years. The recruitment of dental staff is however a national problem and not one which is likely to be relieved in the foreseeable future. Meantime we shall do everything in our power to ensure that children in need of dental attention are either treated in our own clinics or referred to private dentists.

My thanks are due to the several full-time and part-time officers who have provided material for inclusion in this report. I would again like to place on record my appreciation of the high standard of work performed by the school medical and dental officers and by the nursing officers and the ancillary staff of the Department. I would also thank the Director of Education and the teaching staff of the schools for their co-operation during the year. Finally I must express my thanks to the Chairman and Members of the Children's Welfare Sub-committee for their help and for the enthusiasm with which they have received the various suggestions made to them in committee during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. HAWORTH HILDITCH,

Principal School Medical Officer.

STAFF CHANGES

School Nursing Service: Mrs. J. M. Keenan commenced duty on the 1st January, 1958.

Dental Service: Mrs. F. Huntington, Dental Attendant, resigned on the 31st December, 1958.

CO-ORDINATION

Liaison with the Hospital Services, the General Practitioner Service and other Local Authority Health Services is achieved in the following manner :—

The Principal School Medical Officer is also the Medical Officer of Health. One Assistant Medical Officer of Health holds appointments in both the School Health Service and the Maternity and Child Welfare Service.

The Medical Officer of Health is the executive officer for the Council's function under the National Assistance Act, 1948, including provision of aid for the handicapped and the work amongst homeless and problem families. A seat on the Local Medical Committee of the Executive Council and on the Medical Advisory Committee of the Wigan and Leigh Hospital Management Committee makes for co-ordination of effort and good relations with the other branches of the National Health Service.

During the year every effort has been made to preserve the good relationship which exists between the assistant medical officers of the School Health Service and the general practitioners in the town. Their co-operation is essential to the welfare of the children in our care.

None of the School Nurses possess the Health Visitor's Certificate, so no joint Health Visitor/School Nurse appointments have been made. No change can be anticipated in this direction until the acute national shortage of Health Visitors is overcome. Friendly co-operation between Health Visitors and School Nurses ensures that the service does not suffer.

One Health Visitor on rota attends the Pædiatric Clinic at Wigan Infirmary and brings to the notice of the Consultant the social background and environment of the children from the Borough who are attending. She arranges to visit the home in necessitous cases and is available to advise the parents as to the best way of carrying out the treatment indicated by the pædiatrician.

The E.N.T. Surgeon passes to the School Health Service regular information on children receiving operative treatment or being placed on the waiting list.

Many children are referred for Orthoptic treatment.

Interchange of information concerning children upon discharge from hospital has been established. This is extremely useful and ensures that maximum information is available on which to base decisions which might influence the child's future education and prospects in later life.

CLINICS

Central Clinic, Millgate, Wigan :—

Minor Ailments Clinic	.....	Monday afternoon, Tuesday, Wednesday, Thursday, Friday and Saturday mornings.
Ophthalmic Clinics	..... ..	Tuesday and Thursday mornings, by appointment.
Chiropody Clinic	..... ..	Tuesday afternoon.
Orthopædic Clinic	..... ..	Monday, Wednesday and Thursday, all day. Orthopædic Specialist attends every alternate Monday morning.
Dental Clinic	..... ..	Each afternoon.

Pemberton Clinic, 15 Billinge Road, Pemberton :—

Minor Ailments Clinic	Monday, Wednesday and Friday mornings.
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Pemberton Primary School, Schoolway, Pemberton :—

Dental Clinic	Tuesday and Thursday mornings.
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Civic Buildings, Parson's Walk :

Speech Clinic	Monday to Friday all day.
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COST OF THE SCHOOL HEALTH SERVICE

I am indebted to the Borough Treasurer for the following:—

The rateable value of the Borough on 31st March, 1958 was £794,369.

The gross cost of the School Health Service for the twelve months ended 31st March, 1958, was £16,272 5s. 3d., compared with £15,542 14s. 4d. in the preceding year. The Government Grant was £9,763 7s. 2d. and income from other sources was nil, hence net cost was £6,508 18s. 1d.

The cost of the Service per child was 23s. 4.76d. gross and 9s. 4.30 d. net, and the cost expressed in the terms of a penny rate was 5.21d. gross and 2.08d. net.

SCHOOL ACCOMMODATION AND HYGIENE

Number of Schools and Children

Primary Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	6	10	1874	1670
Voluntary Schools	21	39	6077	5448
	27	49	7951	7118

Secondary Modern Schools

	No.	Departments	No. on Rolls	Average attendance
County Schools	3	4	1583	1449
Voluntary Schools	5	7	2571	2317
	8	11	4154	3766

Secondary, Technical and Grammar Schools

The Grammar School has 530 pupils on roll, and the High School has 554.

The Thomas Linacre School has 532 pupils on roll.

There is one direct-grant secondary grammar school in the town, viz., the Notre Dame High School.

Nursery Classes

Children between 3 and 5 years are admitted to Beech Hill County, Warrington Lane County and St. Thomas's C.E. Schools, which have the only Nursery Classes in the borough.

The children in these classes are subject to examination on entry and share all other facilities of the School Health Service.

FINDINGS OF MEDICAL INSPECTION

The periodic medical inspection of three age groups continued throughout the year. The figures are now presented by year of birth in accordance with the new requirements of the Ministry of Education.

The number of children inspected and found to require treatment (excluding uncleanliness and Dental Diseases) were as follows :—

Year of Birth					Number Inspected	Found to require treatment	Percentage
1954 and later	.....	.....	.....	.....	84	10	11.9
1953	.....	.....	.....	.....	620	95	15.32
1952	.....	.....	.....	.....	400	55	13.75
1951	.....	.....	.....	.....	57	21	36.84
1950	.....	.....	.....	.....	17	3	17.64
1949	.....	.....	.....	.....	2	1	50.0
1948	.....	.....	.....	.....	550	116	21.09
1947	.....	.....	.....	.....	808	135	16.70
1946	.....	.....	.....	.....	191	26	13.61
1945	.....	.....	.....	.....	384	78	20.31
1944	.....	.....	.....	.....	636	110	17.29
1943 and earlier	.....	.....	.....	.....	319	46	14.42
TOTAL	.....	.....	.....	.....	4068	696	17.10

The general condition of the children is satisfactory. The better standard of living, with the provision of milk and meals in schools, continues to be a very important factor here. A small number of children have been recommended to have free meals when their general physical condition seemed to warrant this and family finances are inadequate to support the modest charge.

The condition of the pupils has been assessed in two broad categories—

Satisfactory.

Unsatisfactory.

It will be seen from Table II (page 26) that in all age groups the percentage in the two categories is as follows :—

Satisfactory : 99.90 per cent.

Unsatisfactory : 0.10 per cent.

Ear, Nose and Throat Defects

Ear Diseases and Defective Hearing.—At routine medical inspections, 21 children were found to be suffering from ear trouble of various kinds; 33 had discharging ears. No attempt has been made to use Mass Audiometer Testing, but individual children are tested by pure tone audiometry.

Tonsils and Adenoids.—53 children were found at routine medical inspection to require treatment, and 103 required to be kept under observation. 241 received operative treatment during the year. Details are given on page 27 (Table V).

At routine medical inspections the opportunity was taken to obtain a reliable indication of the numbers of children in the school population who had received operative treatment for tonsils and adenoids. The results are as follows :—

Year of Birth					Number Inspected	Found to require treatment	Percentage
1954 and later	.....	.....	.....	.....	84	—	—
1953	.....	.....	.....	.....	620	21	3.38
1952	.....	.....	.....	.....	400	20	5.00
1951	.....	.....	.....	.....	57	2	3.50
1950	.....	.....	.....	.....	17	2	11.76
1949	.....	.....	.....	.....	2	—	—
1948	.....	.....	.....	.....	550	87	15.81
1947	.....	.....	.....	.....	808	127	15.71
1946	.....	.....	.....	.....	191	33	17.27
1945	.....	.....	.....	.....	384	59	15.36
1944	.....	.....	.....	.....	636	131	20.59
1943 and earlier	.....	.....	.....	.....	319	87	27.27
TOTAL	.....	.....	.....	.....	4068	569	13.98

The overall percentage (13.98) is what might have been expected and is comparable to the findings in the surrounding Urban Areas.

Eye Diseases — Visual Defects

Eye Diseases.—13 children were found to be suffering from external eye diseases, mainly conjunctivitis and blepharitis.

511 cases were found to have defective vision and squint.

Details of cases examined and the numbers for whom glasses were prescribed are given on page 27 (Table IV).

Skin Diseases

45 cases of skin disease were found at routine medical inspection. There were no cases of ringworm.

Orthopædic Defects

At the routine medical inspection 167 cases were revealed. 85 were referred to the Orthopædic Clinic for treatment and 82 are under Observation.

Details of attendances at the Orthopædic Clinic are given in Table VI on page 28.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year 12 applications received from children were investigated by the School Medical Officers and licences to all the applicants were subsequently granted.

COLLEGE ENTRANTS

21 candidates for admission to various Training Colleges were medically examined during the year.

SUPERANNUATION

54 employees of the School Meals Service, 13 Teachers and 2 School Caretakers, were medically examined for superannuation purposes.

ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary, treatment for pupils for whom the Authority accepts responsibility included the following :—

Minor Ailments : School Clinics.—The School Clinic at Millgate has been open daily and that at Billinge Road, Pemberton, three days weekly during the school days and during the school holiday periods for treatment of minor ailments and the carrying out of special examinations.

During the year, 5,726 attendances were made in 302 sessions at the Central Clinic, and 1,173 attendances were made in 121 sessions at the Pemberton Clinic—an average of 19 children per session at the Central Clinic, and 10 children per session at Pemberton Clinic.

	1957	1958
No. of children attending	1,662	1,899
No. of attendances	7,524	6,899
Average No. of attendances per child	4.5	3.6

At the School Clinics special examinations of children referred by school nurses, teachers, parents and Attendance Officers are carried out by the School Medical Officers in addition to the treatment of minor ailments.

The School Nurses attend to cleansing the heads of children referred to the Clinic for this purpose.

Detailed particulars of minor ailments treated, and the means by which treatment was obtained, are given in Table VII, pages 28, 29, and 30.

Treatment of Visual Defects.—Children suspected of having defective vision are examined by Dr. J. T. Gilmour, School Medical Officer at the Clinic, and glasses are prescribed where necessary. All children who are known to have visual defects are re-examined annually.

The medical and lay staff of the Royal Albert Edward Infirmary ophthalmic unit have been most helpful and co-operative.

Orthoptic Service.—36 school children have been referred to the Wigan Infirmary to benefit from the orthoptic exercises provided there.

Uncleanliness.—Arrangements for head inspection have continued as in previous years. Details are to be found on page 31 (Table VIII).

The following scheme has been in operation during the year :—

- (1) Complete survey by a School Nurse of each school as soon as possible after term begins.
- (2) Children found to be harbouring live vermin are excluded from school and attend the Clinic every day until quite clean. They are then re-admitted and directions given to the parents to keep them clean.
- (3) In the case of children with nits only, notices to parents are sent in the usual way with instructions as to the best method of getting rid of nits. The children are seen by Nurses at intervals of three or four days until quite clean. Notices to parents are repeated in cases where nits are still present.

Great efforts have been made to apply the scheme thoroughly, and the results have been very gratifying.

The total number of first examinations of children was 11,108, and of these, 361 had pediculosis of the head (i.e., lice or nits present).

At the final inspection the number of children with nits was 204.

At the first examination the percentage of infested children was 3.25 and at the final inspection the percentage had been reduced to 1.83.

We ask for greater understanding and co-operation from the parents. Teachers are keenly interested in this important work, and the help they give to the nurses is very valuable. Many children, after being freed from

nits and lice at the Clinic, or by carrying out the Medical Officer's advice, became re-infested in their homes.

Orthopædic Service.—The orthopædic scheme, operated jointly with the Lancashire County Council, has continued to operate throughout the year, the Surgeon attending two sessions per month and the Orthopædic Nurse attending six sessions per week.

I am indebted to the Orthopædic Surgeon, Miss M. F. Johnstone, for the following report :—

During the year 1958, 234 patients attended the Consultant's Clinic and 1,553 attendances were made for physiotherapy.

Hydrotherapy sessions at the Municipal Baths are held from April to December. The range of disabilities treated by hydrotherapy has increased, their number includes several children suffering from Muscular Dystrophy who have been referred to us by the Consultant Paediatrician at the Infirmary, together with children with other defects referred by the Infirmary Orthopædic Specialist.

We greatly appreciate the willing co-operation of Mr. Cockrell the Baths Superintendent and his staff, also, that given voluntarily by the members of the Health Staff.

Hospital treatment is still carried on at the Hospital School, Biddulph. Also, where necessary, arrangements are made for handicapped children to attend a residential school if unable to attend an ordinary school; or again, when ready to leave school, special training is obtained for them to equip them to earn their own livelihood.

A large number of children attend for remedial exercises, mainly for correction of defects of posture and foot deformities.

During the year the work has progressed steadily and in most cases considerable improvement in their disabilities has been evident.

Tuberculosis.—Three children were referred directly from the School Clinic for an opinion to the Chest Clinic. None of these was found to be tuberculous.

Arrangements for treatment are now in the hands of the Regional Hospital Board, the School Health Service being responsible for adequate after-care and reference to Special Schools if necessary.

Arrangements have been agreed whereby all personnel of the School Meals Service and School Caretakers are subject to X-ray examination as a preventive measure. Unfortunately, this does not extend to teachers already in post, but all new entrants to the profession are screened.

B.C.G. Vaccination.—All child contacts of known tuberculous cases are referred to the Consultant Chest Physician for Mantoux testing. B.C.G. vaccination is offered to those cases where it is considered that its administration would be of value.

Subsequent to the Pilot B.C.G. Vaccination Survey for school leavers carried out in 1957, the Council decided during the current year to introduce the scheme for all school leavers. As the work could not be commenced before the Autumn term it was not possible to cover the whole thirteen year-old school population by the end of the year.

The procedure consists of sending an explanatory letter, enclosing a Consent Form and the booklet "B.C.G.", to the parents of the thirteen year-old children in each school in turn. The school is then visited and the children Mantoux tested with Old Tuberculin of 10 T.U. strength. The tests are read in three days' time, when the negative reactors are vaccinated with Danish B.C.G. vaccine and letters sent to their parents describing the course of the vaccination. Explanatory letters are sent to the parents of the positive reactors, requesting permission for a chest x-ray. The vaccination sites are examined after a period of eight weeks and the Mantoux Test is repeated on approximately ten per cent of the pupils to ensure that conversion to the tuberculin-positive state is taking place. We are indebted to the Consultant Chest Physician for carrying out the miniature radiography required.

The following represents the results of the work for the current year:—

No. in 13 year age group	495
No. for whom consent was obtained	328
Percentage of acceptances	66.3
No. of Mantoux-Negative	260
No. of Mantoux-Positive	68
Percentage Positive	20.7
No. Vaccinated	260
No. who had Chest X-ray	52
No. where X-ray showed active tuberculosis	0
No. where X-ray showed lung abnormality requiring further observation	1

The examination of the vaccination sites revealed no abnormalities. All those submitted to a post-vaccination skin test had converted to the positive state.

This year's acceptance rate of 66.3% is slightly higher than that in the pilot survey during the previous year (63%).

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the germ of tuberculosis. Our percentage, 20.7, compares favourably with that in other urban industrial areas, suggesting that Wigan children are not unduly at risk in this respect.

Child Guidance, 1958

Number of Cases referred	21
Sources of reference :—	
School Medical Officer	—
Court Magistrates	21
Interviews held :—	
Remand Home	15
Notre Dame Child Guidance Clinic, Liverpool	6
Results :—	
(1) Treatment at Clinic recommended	4
(2) Diagnosed with advice	17

It will be seen that six of the twenty-one cases were sent for interview in Liverpool. Whilst this is satisfactory so far as diagnosis and advice are concerned, one can imagine the burden placed upon parent and child if a course of prolonged treatment at weekly intervals or more frequently is recommended. Shortage of suitable qualified personnel, psychiatrists, psychologists and psychiatric social workers, is given as the reason why the child guidance service in this area has not been extended to provide for an efficient diagnostic and therapeutic child guidance clinic in Wigan, even if only on a part-time basis. Many cases which would benefit are not brought forward because of the obstacles in the way of securing the necessary treatment.

Special Therapy.—For details, see Handicapped Pupils (j), page 20.

CHIROPODY

I am indebted to Mr. R. S. Johnson for the following report :—

Again verrucae were in the majority. This virus infection is mostly picked up at the public baths, but other causes were apparent in some cases.

Surprisingly, even children acquire common corns. Careful treatment and advice, seems to make a complete cure, with few exceptions.

Some children are still seen with poor or unsuitable shoes, but the general standard is improving. An even better position is looked for in 1959.

No. of attendances by Chiropodist	50
No. of Patients	226
No. of Treatments	453

ANALYSIS OF CASES, 1958

Verrucae Pedis	208
Other Conditions	18

HOSPITAL AND SPECIALIST SERVICES

There have been no material changes to Hospital and Specialist Services available for school children since my last report.

INFECTIOUS DISEASES

No case of Diphtheria was notified during the year. Scarlet Fever and Measles amount to 18 and 272 cases respectively.

There were 2 cases of Whooping Cough, 4 of Dysentery, 2 of Food Poisoning, 2 of Tuberculosis (Respiratory), 1 of Tuberculosis (non-Respiratory), 2 of Pneumonia, and 1 of Encephalitis (Infective). There were no cases of Poliomyelitis.

During the past few years there has been a change in attitude towards the common infectious diseases. In particular, Scarlet Fever, which in this area has become a relatively trivial disease amenable to rapid treatment with the newer drugs and antibiotics, is seldom treated in hospital. Cases can be rendered non-infectious in a few days. This coupled with the fact that the organism responsible is present in a small proportion of the population at all times, has led to a relaxation of the stringent quarantine and isolation rules previously associated with the disease. The Ministry of Education have revised their guide to school closure and exclusion from school on account of infectious illness, and the revision has been adopted in the Borough. The revised list is reproduced on page 34.

Diphtheria Immunisation.—We have now had ten years of freedom from diphtheria amongst school children, but this has been at the price of eternal vigilance. No effort is spared by the staff of the department to encourage parents to allow their children to be immunised, free of charge, and so perpetuate this happy state of affairs. Head Teachers and class teachers have co-operated extremely well in advising parents to have their children protected. In order to minimise the amount of class-room time lost at immunisation sessions arrangements have been made for these to be undertaken in schools as well as at clinic premises.

No. of children completing primary inoculation	268
--	-----

No. of children receiving booster inoculation	523
---	-----

Vaccination against Poliomyelitis.—American and Canadian Salk Vaccine became available to the Department early in the year. Those parents expressing a wish for the British vaccine were able to have it although this often involved considerable delay in the child receiving protection, the latter preparation having remained in short supply. With the extension of this inoculation scheme in the Autumn to the age group 6 months to 25 years the complete school age range has become included.

Number of children who received protection during year.....	3,178
---	-------

HANDICAPPED PUPILS

Ascertainment of handicapped pupils has continued throughout the year.

Many handicapped pupils are found during the first periodic medical inspection, and others are brought to the notice of the Department by teachers or parents. A proportion are discovered prior to their admission to school whilst attending Welfare Clinics, and the close liaison which exists between the School Health and Maternity and Child Welfare Services ensures that these children are guided early into the educational channels which will be of most benefit to them.

One feature of the service is that should the child be so incapacitated as to be unable to attend the School Clinic, arrangements are made for the School Medical Officer to visit the home in conjunction with the Family Doctor who is attending, thus first-hand information of the child's previous history is obtained.

Particulars of the numbers of handicapped children ascertained during the year and the numbers attending Special Schools are as follows :—

	Number admitted	Number attending
(a) Blind Pupils.		
Number ascertained : One.		
Liverpool School for the Blind	1	1
(b) Partially Sighted Pupils.		
Number ascertained : Nil.		
Special School :—		
Institute for Blind Welfare and School for Partially Sighted, Preston	—	1
Exhall Grange Special School, Exhall	—	—
(c) Deaf Pupils.		
Number ascertained : Nil.		
St. John's Institution for Deaf and Dumb, Boston Spa	—	2
Thomasson Memorial School for the Deaf, Bolton	—	3
Thomasson Memorial School for the Deaf, Manchester	—	3
Royal Residential School for the Deaf, Birmingham	—	1
Royal Residential School for the Deaf, Margate	—	1

	Number admitted	Number attending
(d) Partially Deaf Pupils.		
Number ascertained : Nil.		
(e) Delicate Pupils.		
Number of children ascertained during 1958: 8.		
Number of children admitted to special Schools as under :—		
St. Dominic's Open-air School, Surrey	3	7
Fairfield House Open-air School, Broadstairs	—	2
Children's Convalescent Home, West Kirby	—	—
St. Joseph's Heart Hospital, Rainhill	2	2
Brentwood School of Recovery, St. Leonard	1	1
St. Catherine's Home, Ventor, Isle-of-Wight	3	3
(f) Diabetic Pupils.		
No cases were revealed during the year.		
(g) Educationally Sub-normal Pupils.		
Number of children examined during the year	29	
The following recommendations were made:—		
Reported to the Local Authority for the purpose of the Mental Deficiency Acts, in accordance with Section 57 of the Education Act, 1944.		
(a) Under Sub-section 3	6	
(b) Under Sub-section 5	1	
Admission to Special Schools	—	
Admission to Special Class in Ordinary School	—	
Total number of children actually admitted to Special Schools for Educationally Sub- normal Pupils during 1958	Nil.	
Total number of children admitted to Special Class	9	
Total number of children attending Special Schools for Educationally Sub-normal Pupils during 1958	11	
(h) Maladjusted Pupils.		
Number ascertained as requiring treatment: 1.		
Number of children admitted to Special Schools as under :—		
St. Thomas More's School for Maladjusted, Devon	—	4
Pitt House School, Devon	1	1

(i) Physically Handicapped Pupils.	Number admitted	Number attending
Number Ascertained : 2.		
Bradstock Lockett Special School, Southport	2	2
Birtenshaw Hall, Bolton	1	1

(j) **Epileptic Pupils.**

Number ascertained : 1.

Number of children admitted to Special
Schools as under:—

St. Elizabeth's School for Epileptics, Much Hadham, Hertfordshire	—	1
Maghull Home for Epileptics	1	1

(k) **Pupils Suffering from Speech Defect.**

Miss Kay reports :—

The speech clinic was moved to the Civic Buildings in Parson's Walk in the second week of August, this year. Lack of soundproofing has proved a major disadvantage, otherwise the premises are satisfactory and the situation ideal.

Administration has been facilitated by the centralisation of the clinic and contact with all municipal departments by telephone. A national telephone will further assist the administration by affording a link with all schools. A more thorough check is now kept on each child registered; head teachers are informed of every child's appointment, and at least on report has been sent to each school during the year.

Treatment has been requested by a number of parents who previously refused it, either by reason of the inaccessability of the clinic, or the fact that they expected the child to "grow out" of the defect. There is still much ignorance among the general public about the work of the speech therapist and insufficient appreciation of the severity of the disadvantages caused by a speech defect. Speech is our greatest means of expression and when it is inhibited education, social life and personality may all be adversely affected.

New cases continue to have their hearing tested by Pure Tone Audiometry. This investigates the possibility of the child's faulty sound reproduction being due to defective hearing.

Total number of children treated	105
Total number of reviews made	154
Total number of children discharged	40
Total number of attendances made	2032

EDUCATION ACT, 1944, SECTION 56

During the year four children received home teaching and 25 children received tuition in hospitals.

Tuition for children ill at home or in hospital is provided for long-term cases. Such children, when allowed to be deprived of their schooling, become very backward and the difficulty they find in trying to pick up the threads of their education on returning to school causes great discouragement. A child may have up to six hours' home teaching per week, and for cases in hospital the time may extend to half the normal school day. In the former cases, with limited time, emphasis is placed on the basic subjects, while in the latter a considerable amount of handwork may be undertaken. Instruction by a qualified teacher, carefully graded in amount and type according to the individual patient's abilities and physical state, helps the sick child to keep up with his more fortunate companions at school and provides some pleasant occupation for his mind, a by no means unimportant consideration with the bedridden child.

WORK OF THE SCHOOL NURSES

During the year the School Nurses have carried out the following number of visits :—

	1957	1958
No. of visits paid to homes for following up of cases.....	1,467	1,616
„ visits paid to schools in connection with general cleanliness	95	79
„ children inspected for general cleanliness	11,631	11,108
„ visits paid to schools for re-inspection for general cleanliness	263	354
„ children re-inspected for general cleanliness	24,957	34,906
„ visits to schools for Infectious Diseases	—	—
„ children inspected for Infectious Diseases	—	—
„ visits paid to schools for other purposes	110	103
„ visits paid to homes for Infectious Diseases	359	295
„ visits paid to schools for Medical Inspection	232	231
„ visits paid to schools for Inoculations	7	30
„ journeys to Manchester with Children for Admission to Biddulph Hospital	1	—
„ Inoculation Sessions at School Clinic	117	180

CO-OPERATION OF PARENTS

The number of parents present at Medical Inspection varies considerably in the different schools. The total number of parents present was 2,494, and the total number of children medically inspected was 4,068, the average attendance of parents being 61.30 per cent.

CO-OPERATION OF TEACHERS

The teachers in the schools of Wigan are usually very helpful to the School Medical Officers. They provide them with the best accommodation possible, report any abnormality they have noticed in the children, and submit special cases for inspection. Prompt and complete information regarding infectious disease is very valuable to the Principal School Medical Officer and can help him to control or event prevent epidemics. The teachers see that such cases are kept away from the school for the minimum period prescribed and until a re-admission form is received, and also that contacts are excluded as recommended.

CHILDREN'S DEPARTMENT

A friendly liaison exists between the Children's Department and the School Health Service.

During the year the following work was carried out on behalf of the school children in the care of the Children's Department :—

Preliminary Examinations prior to admission into care	45
Annual Home Office Medical Inspections	87

CO-OPERATION OF VOLUNTARY BODIES

During the year the help of the N.S.P.C.C. Inspector has been obtained in 7 cases, involving the welfare of 17 children.

PROVISION OF MEALS AND MILK

Whelley Central Kitchen.

The Whelley Central Kitchen ceased to operate on the 28th March, 1958. Adaptations are being carried out to convert the premises into a Kitchen Dining Room for the Whelley Secondary Modern School.

Adaptations to Canteens.

The sculleries at the St. John's C.E. Junior Mixed and Infants' Schools and St. Mark's C.E. Infants' School have been completely remodelled. Combined toilets and staff cloak-rooms have been provided in the Highfield C.E. Senior Boys' and All Saints' C.E. Girls' Dining Halls thus conforming with the Food Hygiene Regulations.

Improvement of Dining Facilities.

The Clayton Street Dining Centre has been closed and the children who attend this canteen from the St. Thomas' Junior Mixed and Infants' Schools have been transferred to the Woods Street Dining Hall for meals.

The children from the St. Michael's C.E. Infants' School have ceased to use the School Hall for meals purposes and now dine in the Junior Mixed Canteen.

A new Dining Hall has been provided for the Poolstock Junior Mixed and Infants' School.

St. Cuthbert's Kitchen Dining Room.

A Cook has been engaged and meals are now cooked on the School premises.

St. Edward's Kitchen Dining Room.

The canteen in the above School commenced to operate on Monday, the 20th October, 1958. A transported meal is being provided for the time being.

SUMMARY OF MILK AND MEALS SERVED

	1957	1958
Paid and free meals served to children	1,071,151	1,119,792
Third-pint bottles of milk	2,089,686	2,212,638
Meals supplied to Notre Dame High School	43,415	43,338
Meals supplied to Hope School	11,911	12,546
Meals supplied to "Meals on Wheels" Service	7,774	8,090
Meals supplied to the Workshops for the Blind	2,248	5,520

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT
For the year 1958

During the year under review the Dental Staff has remained as in the previous year with the exception of the resignation of a Dental Attendant, whose replacement has been deferred owing to the impending retirement of the Assistant Dental Officer. This double loss unfortunately brings Wigan into line with the difficulties experienced by other Authorities with regard to the staffing and consequently full operation of a School Dental Service. The inability to attract Dental Surgeons into this sphere is regrettable and must inevitably lead to a curtailment in the extent of the service, which has been gradually built up and expanded during the last twenty-five years.

Similar arrangements for the dental inspection and treatment of children in the various schools in the Borough have again been maintained as in the past, and I am once more grateful to the head-teachers for their continued assistance.

During the school holidays a further dental inspection was made of all scholarship children. The parents being present on this occasion, an excellent

opportunity was provided for stressing the importance of maintaining a high standard of dental fitness and oral hygiene.

The Orthodontic service was used to its full capacity, 381 attendances were made at the clinic by children receiving orthodontic treatment and in addition 171 were made for examination and treatment by Mr. Batten, the Orthodontist, who attended twelve half-days during the year. Details of the dental treatment including Orthodontic work carried out at the Clinics during 1958 are shown in Table IX and it will be noted that the conservation work was about the same as in the previous year.

I am indebted once again to Mr. Heslop, the Consultant Dental Surgeon to the Wigan and Leigh Hospital Management Committee. His collaboration has been invaluable on those occasions when patients required specialised hospital treatment.

Throughout the year I received considerable help from the Dental Attendants, who in addition to surgery and clerical duties made 238 home visits in a "following up" capacity and 57 visits to the schools. The amount of work carried out was very satisfactory and once more I place on record my appreciation of their valuable assistance.

PHYSICAL EDUCATION, 1958

The increased activity in physical education in Wigan Schools is marked by the success of children in athletics, association and rugby football. A large number of competitors took part in the inter-school sports and three new records were established in the girls' intermediate high and long jumps and in the boys' intermediate high jump. In the Lancashire County sports, Wigan were well represented and two pupils broke the records in the intermediate hop, step and jump, and in the junior, putting the shot, events. Four Wigan boys gained the distinction of being selected for the Lancashire team in the All England Inter-County Championship Competition. The town teams and individual school teams gained successes in the County and Inter-town Association and Rugby Football Competitions.

Swimming instruction continues to be given at the Public Baths. 498 children gained Elementary Certificates, 233 Intermediate Certificates and 126 Advanced Certificates. In addition 134 children received instruction in life saving and qualified for awards of the R.L.S.S. The Annual Life Saving Competition and Swimming Sports were held during the year.

APPENDIX “ A ”

STATISTICAL TABLES

TABLE I

Primary and Secondary Schools

Number of Children Inspected 1st January, 1958
to 31st December, 1958.

A. PERIODIC MEDICAL INSPECTIONS

1954 and later	.....	.....	.....	.....	.....	.....	.....	84
1953	.....	.....	.....	.....	.....	.....	.....	620
1952	.....	.....	.....	.....	.....	.....	.....	400
1951	.....	.....	.....	.....	.....	.....	.....	57
1950	.....	.....	.....	.....	.....	.....	.....	17
1949	.....	.....	.....	.....	.....	.....	.....	2
1948	.....	.....	.....	.....	.....	.....	.....	550
1947	.....	.....	.....	.....	.....	.....	.....	808
1946	.....	.....	.....	.....	.....	.....	.....	191
1945	.....	.....	.....	.....	.....	.....	.....	384
1944	.....	.....	.....	.....	.....	.....	.....	636
1943 and earlier	.....	.....	.....	.....	.....	.....	.....	319
TOTAL	.....	.....	.....	.....	.....	.....	.....	4,068

B. OTHER INSPECTIONS

Number of Special Inspections	.....	.....	.....	.....	.....	.....	.....	105
Number of Re-inspections	.....	.....	.....	.....	.....	.....	.....	1,395
TOTAL	.....	.....	.....	.....	.....	.....	.....	1,500

TABLE II
Classification of the General Condition of Pupils Inspected
during the Year in Age Groups

Year of Birth	No. of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1954 and later.....	84	84	100	—	—
1953	620	620	100	—	—
1952	400	399	99.75	1	0.25
1951	57	56	98.21	1	1.80
1950	17	16	94.12	1	5.88
1949	2	2	100	—	—
1948	550	550	100	—	—
1947	808	808	100	—	—
1946	191	191	100	—	—
1945	384	384	100	—	—
1944	636	635	99.84	1	0.16
1943 and earlier	319	319	100	—	—
TOTAL	4068	4064	99.9	4	0.10

TABLE III
Treatment Table
Minor Ailments (excluding Uncleanliness) Treated during
the Year ended 31st December, 1958

Disease or Defect	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)
Skin—			
Ringworm : Scalp	—	—	—
Ringworm : Body	3	—	3
Scabies	7	—	7
Impetigo	35	—	35
Other Skin Disease	386	—	386
Minor Eye Defects	104	—	104
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects	61	—	61
Miscellaneous	1120	—	1120
(e.g., Minor injuries, bruises, sores, chilblains, etc.).			
Total	1716	—	1716

TABLE IV
**Defective Vision and Squint (excluding Minor Eye Defects,
Treated as Minor Ailments)**

Defect or Disease (1)	No. of Defects dealt with		
	Under Authority's Scheme (2)	Otherwise (3)	Total (4)
Errors of Refraction (including Squint)	483	—	483
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—
Total	483	—	483

Defective Vision

No. of refractions carried out at the Clinic	483
„ children for whom glasses were prescribed	335
„ children for whom glasses were not prescribed.....	98
„ children for whom new glasses were not con- sidered necessary	15
Uncompleted cases	21
No. referred to Infirmary	14

Analysis of Cases in which Glasses were Prescribed

Simple Hypermetropia	41
Simple Myopia	41
Hypermetropic Astigmatism	148
Myopic Astigmatism	89
Mixed Astigmatism	16
Total	<u>335</u>

TABLE V
Treatment of Defects of Ear, Nose and Throat
Number of Defects

Received Operative Treatment			Received Other Forms of Treatment	Total Number Treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
241	—	241	92	333

TABLE VI
Orthopædic Clinic
Orthopædic and Postural Defects

	Wigan	Hindley	Ince	Standish	Ashton	Total
No. of children of school age attending	188	11	16	18	1	235
No. of attendances of children of school age	1219	41	129	154	10	1553
No. of cases of children of school age referred for treatment to Bid-dulph Hospital, Staf-fordshire (in-patients)	—	—	1	—	—	1

TABLE VII
Central Clinic
Classification of Consultations and Treatment at School Clinic, 1958

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Uncleanliness	7	—	15
Ringworm : Scalp	—	—	—
Body	3	—	5
Scabies	7	—	29
Impetigo	19	—	107
Other Skin Diseases	295	—	1390
Blepharitis	—	—	—
Conjunctivitis	11	—	34
Defective Vision	7	—	10
Squint	1	—	1
Other Eye Conditions	77	5	232
Defective Hearing	1	—	1
Otitis Media	1	—	77
Other Ear Diseases	51	2	152
Enlarged Tonsils	—	—	—
Adenoids	1	—	1
Enlarged Tonsils and Adenoids	—	—	—
Other Nose and Throat Condi-tions	28	—	44
Carried forward	509	7	2098

Central Clinic (continued)

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Brought forward	509	7	2098
Enlarged Cervical Glands	2	—	2
Defective Speech	5	—	5
Anæmia	—	—	—
Bronchitis	—	—	1
Other Non-Tubercular Diseases : Lungs	—	—	—
Infectious Diseases	2	—	2
Chorea	—	—	—
Other Forms : Deformities	17	—	22
Injuries to Bones and Joints	53	83	54
Miscellaneous	941	32	3452
Other Defects and Diseases	54	—	90
Total	1583	122	5726

Pemberton Clinic

	Primary Inspection at Clinic	Referred to Infirmary or own Doctor	Total Number of Attendances at Clinic
Ringworm	—	—	1
Uncleanliness	2	—	2
Scabies	—	—	—
Impetigo	16	—	50
Other Skin Diseases	91	—	310
Blepharitis	—	—	—
Conjunctivitis	3	—	7
Corneal Opacities	—	—	—
Defective Vision	—	—	—
Squint	—	—	—
Other Eye Conditions	13	—	34
Defective Hearing	—	—	—
Otitis Media	—	—	—
Other Ear Diseases	9	—	22
Enlarged Tonsils and Adenoids	—	—	—
Nose and Throat Conditions	1	—	1
Bronchitis	—	—	—
Defective Speech	—	—	—
Other Defects and Diseases	2	—	3
Miscellaneous	179	—	743
Injuries to Bones	—	—	—
Total	316	—	1173

TABLE VIII

Uncleanliness and Verminous Conditions

(i)	Average number of visits per school made during the year by the School Nurses	13
(ii)	Total number of examinations of children in the Schools by School Nurses	46,014
(iii)	Number of individual children found unclean at first inspection	361
(iv)	Number of individual children found unclean at final inspection	204
(v)	Number of children cleansed under arrangements made by the Local Education Authority	—
(vi)	Number of cases in which legal proceedings were taken:—	
	(a) Under the Education Act, 1921	—
	(b) Under School Attendance Byelaws	—

TABLE IX

Dental Inspection and Treatment

(1) No. of Pupils inspected by the Authority's Dental Officers :—		
(a) At Periodic Inspections	9,207	
(b) As Specials	104	
	—————	9,311
(2) Number found to require treatment		4,473
(3) Number offered treatment		4,062
(4) Number actually treated		3,929
(5) Number of attendances made by pupils for treatment		5,879
(6) Half-days devoted to—		
Periodic (School) Inspection	57	
Treatment	763	
	—————	820
(7) Fillings : Permanent Teeth	3,314	
Temporary Teeth	50	
	—————	3,364
(8) Number of teeth filled : Permanent Teeth	2,922	
Temporary Teeth	48	
	—————	2,970
(9) Extractions : Permanent Teeth	270	
Temporary Teeth	1,567	
	—————	1,837
(10) Administration of general anæsthetics for extraction		110

(11) Orthodontics—

(a)	Cases commenced during the year	35
(b)	Cases carried forward from previous year	49
(c)	Cases completed during the year	29
(d)	Cases discontinued during the year	1
(e)	Pupils treated with appliances	26
(f)	Removable appliances fitted	35
(g)	Fixed appliances fitted	8
(h)	Total attendances	552

(12) Number of pupils supplied with artificial dentures 2

(13)	Other Operations : Permanent Teeth	389	
	Temporary Teeth	31	
		<hr/>	420

	Usual Incubation Period (days)	Interval between onset and appearance of rash (days)	Period of Exclusion	
			Patients	Contacts, i.e., the other members of the family or household living together as a family, that is, in one tenement
SCARLET FEVER (and streptococcal sore throat)	2 — 5	1 — 2	7 days after discharge from hospital or from home isolation. (Unless "cold in the head", discharge from the nose or ear, sore throat, or septic spots be present).	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
DIPHTHERIA	2 — 5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
MEASLES	10 — 15	3 — 4	10 days after the appearance of the rash if child appears well.	Children under 5 years of age should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14 — 21	0 — 2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	7 — 10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12 — 28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11 — 21	0 — 2	14 days from the date of appearance of the rash.	None.
SMALLPOX	10 — 16	3	Until the patient is pronounced by Medical Officer of Health to be free from infection.	16 days unless recently successfully vaccinated, when exclusion is unnecessary.
POLIOMYELITIS ENCEPHALITIS MENINGOCOCCAL INFECTION	7 — 14 4 — 30 2 — 10	— — —	At least six weeks. Will usually require a much longer period for recovery.	At least 21 days.